2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000004826

1. Entity Name
NATIONAL AUTO LEASE, INC.

Principal Place of Business	Mailing Address
4090 HOOVER RD GROVE CITY, OH 43123	13725 BEACH BV STE 11 JACKSONVILLE, FL 32224

01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1483308
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCABE, THOMAS J
121 BIMINI CT.
PONTE VEDRA BEACH, FL 32082

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Thomas J McCabe V. Pres. 1-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	ROPER, STEVEN W
STREET ADDRESS	2131 GINGERWOOD CT.
CITY-ST-ZIP	GROVE CITY, OH 43123
TITLE	VDC
NAME	MCCABE, THOMAS J
STREET ADDRESS	121 BIMINI CT.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32081
TITLE	SD
NAME	MCCABE, JEFFREY
STREET ADDRESS	430 KEISEL CT.
CITY-ST-ZIP	POWELL, OH 43065
TITLE	TD
NAME	ROPER, JOE R
STREET ADDRESS	5386 MEADOW GROVE DRIVE
CITY-ST-ZIP	GROVE CITY, OH 43123
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001185393
01/21/05-80013-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas J McCabe V. Pres. 1-7-05 904 827-0583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #